TOWNSHIP OF NORTH BRUNSWICK HOUSING PRESERVATION & REHABILITATION PROGRAM

MAXIMUM INCOME LIMITS & REQUIREMENTS FOR DEFERRED LOAN

FAMILY SIZE	1	2	3	4	5	
INCOME	\$66,920	\$76,480	\$86,040	\$ 95,600	\$103,248	-

ELIGIBILITY CRITERIA

- 1. Property to be rehabilitated must be:
 - A. Single-family house
 - B. Owner-occupied
 - C. Located in North Brunswick Township
 - D. Current with all property taxes and utility bills
 - E. Current with all mortgages
- 2. All applications must be approved by the Administrative Agent before bids are accepted for the project.
- 4. Contractor may be selected by the applicant but must be approved by the Administrative Agent.
- 5. All proper permits must be obtained by a contractor prior to starting work.
- 6. The deferred loan will be placed in Escrow Account along with Matching Funds (if required) by homeowner prior to beginning work.
- 7. The structure must have all serious code violations abated when Rehabilitation is completed.
- 8. Income will be defined as gross income received by the head of household and spouse plus that of any other household member over 18 years of age and not a full-time student. Income includes, but is not limited to: wages, salaries (including overtime), tips, commissions, alimony, child support, social security, disability, pensions, unemployment compensation, TANF, business income and actual or imputed interest earned from assets (which include bank accounts, CD's, stocks, bonds and other securities), rent and real estate income and any other form reported to IRS.

HEADS OF HOUSEHOLDS OVER:

- 60 Years of age 10% of gross income added for this program.
- 65 Years of age 12% of gross income added for this program.
- 68 and older 15% of gross income added for this program.

APPLICATION FOR DEFERRED LOAN

	Date:
Applicant's Name:	
Property Address:	
Telephone Number:	
Email:	
Name of Owner #1	
Age: Social Security #	
Phone: Er	nail:
Name of Owner #2	
Age: Social Security #	
Phone: Er	nail:
Owner #1:	
Gross Annual Income (previous year):	
Name of Employer (if applicable):	
Address:	
Length of Employment	
Work Phone:	
Owner #2:	
Gross Annual Income (previous year):	
Source of Income:	
Address:	
Length of Employment	
Work Phone:	

Names and Ages of Additional Household Members Over 18 Years of Age Living at Home (Except Full Time Students):

<u>NAME</u>	<u>AGE</u>	EMPLOYED (Y/N)	YEARLY INCOME
Total number of all household	members livin	g in home:	
Total amount of all household	members' year	rly income:	
Do you have a 1st mortgage on	the home?	Y / N	
	company/ban	k name, address and curr	ent balance on the loan.
If Yes, please list mortgage	company, ban		
1 0 0	- ,		
If Yes, please list mortgage Name /Address Original Balance: \$			
Name /Address			
Name /AddressOriginal Balance: \$Ourrent Balance: \$			
Name /AddressOriginal Balance: \$	the home?	Y / N	
Name /AddressOriginal Balance: \$Original Balance: \$Ourrent Balance: \$One will be a 2nd mortgage on If Yes, please list mortgage	the home?	Y / N k name, address and curr	ent balance on the loan.
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Name /AddressOriginal Balance: \$ Current Balance: \$ Do you have a 2 nd mortgage on If Yes, please list mortgage Name /Address Original Balance: \$ Current Balance: \$ Do you have a 3rd mortgage on	the home? company/ban	Y / N k name, address and curr	ent balance on the loan.
Name /AddressOriginal Balance: \$ Current Balance: \$ Do you have a 2 nd mortgage on If Yes, please list mortgage Name /Address Original Balance: \$ Current Balance: \$ Do you have a 3rd mortgage on If Yes, please list mortgage	the home? company/ban the home? company/ban	Y / N k name, address and curr Y / N Y / N k name, address and curr	ent balance on the loan.
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Year h	ome was purchased:	
List all	l work needed on building:	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

HOMEOWNER CERTIFICATION

The homeowners certify that all information furnished in support of this application for the purpose of obtaining a deferred loan under the Middlesex "Urban County" Housing Preservation Program, is true and complete to the best of the applicant's knowledge and belief. The applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

Property Owner #1	Date	
Property Owner #2	Date	

Please return the following items with the application:

- 1. Copy of Driver's License or State ID (per each household member who is 18 years or older);
- 2. Proof of Income (per each household member who is 18 years or older and not a full-time student);
- 3. Copies of tax returns for the past recent three (3) years;
- 4. Proof of ownership, copy of the deed;
- 5. Proof of homeowner's insurance (declaration page).

Mail application to:

Andrei Alexeev, Zoning Officer Township of North Brunswick 710 Herman Road North Brunswick, NJ 08902